

# Department of Behavioral Health

## Behavioral Health Satisfaction Survey

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Mental Health Statistics Improvement Program  
(MHSIP)

Youth Services Survey for Families  
(YSS-F)

Substance Use Satisfaction Survey  
(SUD)

Perceptions of Public Behavioral Health Services  
in the District of Columbia among Consumers,  
Caregivers of Children and Youth, and Clients

FY 2022

Data and Performance Measurement  
Accountability Administration

## Table of Contents

EXECUTIVE SUMMARY .....	2
ACKNOWLEDGEMENTS .....	4
INTRODUCTION .....	5
METHODOLOGY .....	5
Sampling and Data Collection .....	7
Scoring and Analysis.....	8
LIMITATIONS .....	8
FINDINGS.....	9
Satisfaction Scores .....	9
Satisfaction Scores by Length of Service.....	11
Respondents' Comments and Major Themes.....	13
SUMMARY .....	15
APPENDIX A. MHSIP SURVEY ITEMS .....	18
APPENDIX B. YSS-F SURVEY ITEMS.....	20
APPENDIX C. SUD SURVEY ITEMS.....	22

## EXECUTIVE SUMMARY

The DC Department of Behavioral Health (DBH) Data and Performance Measurement (DPM) Division within the Accountability Administration partnered with the Consumer and Family Affairs (CFA) division to support survey data collection efforts. The DPM Division completed analysis of the Mental Health Statistics Improvement Program Survey (MHSIP) for Adults, the Youth Services Survey for Families (YSS-F), and the Substance Use Disorder (SUD) Satisfaction Survey<sup>1</sup> (a survey for clients receiving substance use services). Each year, DBH is required by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) to conduct a survey of consumers' perceptions of the mental health care they receive from the community mental health system. The results from these surveys (only the MHSIP and YSS-F) are reported annually to CMHS as a part of the requirements for the Mental Health Block Grant. Collecting data nationwide allows SAMHSA, and the other states that participate in the survey, the opportunity to compare system strengths and challenges on a national level, identify areas for improvement, and work to implement changes.

The surveys present statements about services within eight domains and asks respondents to state to what degree they agree or disagree with each statement. The eight domains include Access, Participation in Treatment Planning, Person-Centered Care Planning, Quality and Appropriateness (or Cultural Sensitivity), Social Connectedness, Functioning, Outcomes, and General Satisfaction. The survey also includes two open-ended questions asking respondents to provide feedback on what has been helpful and what could improve services.

A random sample of adult consumers (N = 2600) and child and youth consumers (N = 2804) who had at least four mental health visits in the past six months and clients who received at least two outpatient substance use services in the past three months (N = 1233) within the fiscal year of 2022 (October 1, 2021 through September 30, 2022) was identified<sup>2</sup>. Of the valid contacts<sup>3</sup>, 408 (33%) completed the MHSIP Survey (Adult), 392 (24%) completed the YSS-F Survey (caregiver of child and youth), and 205 (36%) completed the SUD Survey (substance use).

Quantitative and qualitative analyses of the eight domains were conducted. For adult mental health consumers, the domains with the highest scores were *Quality and Appropriateness* (89%) and *General Satisfaction* (86%). The lowest scoring domains were *Outcomes* (77%) and *Social Connectedness* (75%). For caregivers of child and youth mental health consumers, the domains with the highest scores were *Cultural Sensitivity* (96%) and *Social Connectedness* (91%). The lowest scoring domains were *Outcomes* (66%) and *Functioning* (67%). For clients

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<sup>1</sup> The Mental Health Statistics Improvement Program Survey (MHSIP) for Adults, the Youth Services Survey for Families (YSS-F), and the SUD Survey fall under the umbrella of Behavioral Health Satisfaction Survey (BHSS). This report will refer to the surveys as MHSIP, YSS-F, and SUD.

<sup>2</sup> Note that individuals receiving mental health services will be referred to as 'consumers' and those receiving substance use services will be referred to as 'clients.'

<sup>3</sup> Valid contacts = number of completed surveys/number of valid phone numbers or addresses – Adult (408/1251), Child (392/1634), SUD (205/570).

receiving substance use services, the domains with the highest scores were *Quality and Appropriateness* (92%) and *Functioning* (91%). The lowest scoring domains were *Participation in Treatment Planning* (85%), *Person-Centered Care Planning* (85%) and *Access* (84%).

Consumers (mental health), clients (substance use), and caregivers of youth provided recommendations to improve the service system. There were three themes that overlapped all three groups: 1) Staff Communication, 2) Access (Need for Staff and Services), and 3) Services (Counseling, Therapy, Group).

The following report provides a more detailed, narrative analysis of the MHSIP, YSS-F, and SUD survey results. Respondents' feedback on improvements to the system is also included in the report.

## **ACKNOWLEDGEMENTS**

**Principal Lead:** Crystal Williams, Ph.D., Program Analyst

**BHSS Project Work Team:** Colin Billett (Quality Improvement Coordinator); Trina Logan (Director, Consumer and Family Affairs Administration); Laura Heaven (Chief, Data and Performance Measurement Division), and Nikiya Ford-Jackson (Program Analyst).

**Surveyors:** Norman Jones, Sabrina Slater, Sierra Hunter

**Respondents:** *Special thanks to the consumers, clients, and caregivers of the youth for their participation and for sharing their unique experience as this is instrumental in shaping the direction of system and quality improvement strategies for the District's behavioral health system.*

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## INTRODUCTION

Each year, the DC Department of Behavioral Health (DBH), along with other states, is required by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) to conduct a survey of consumers' perceptions of the mental health care they received from the community mental health system. The results from this survey are reported annually to CMHS as part of the requirements for the Mental Health Block Grant. Collecting data nationwide allows SAMHSA, and other states, the opportunity to compare system strengths and challenges on a national level, identify areas for improvement, and work to implement changes. The DBH Data and Performance Measurement (DPM) Division analyzed both the annual Mental Health Statistics Improvement Program Survey (MHSIP) for Adults and the Youth Services Survey for Families (YSS-F). Data were also collected from clients receiving substance use services (i.e., SUD Survey) to better understand their unique perceptions of their service experience and identify opportunities for quality improvement.

The results from the MHSIP, YSS-F, and SUD survey function as a measure of how satisfied consumers, clients, and caregivers are with community mental health and substance use services and provide insight into what is needed to enhance quality and continuity of care. The perspectives of these individuals are valuable in that they provide DBH with the opportunity to determine what changes are needed for service delivery, collaboration with provider agencies, and implementation strategies. The following provides details on sampling, data collection, quantitative and qualitative findings, and a summary on the overall results and next steps.

## METHODOLOGY

The MHSIP survey is comprised of 41 items (see Appendix A), which are divided into eight domains (see Table 1). The content of the domains in the MHSIP survey (see Appendix A) has been designed for the adult mental health population. Each item on the MHSIP is answered using a Likert scale ranging from one (strongly agree) to five (strongly disagree). Items in a domain are summed and divided by the total number of items and scores less than 2.5 are reported in the positive range for the domain (i.e., percent satisfied). Surveys with domains where more than one-third of items were missing were not included in the final analysis. Lastly, there were two open-ended questions that asked adult consumers to share 1) most helpful aspects of services and 2) recommendations to improve services.

<b>Domain</b>	<b>Sample Statement</b>
Access	The location of services was convenient (parking, public transportation, distance, etc.).
Participation in Treatment Planning	I, not staff, decided my treatment goals.
Person-Centered Care Planning	In my plan, I can see how I'll use my strengths to work on my goals.

Quality and Appropriateness	Staff helped me obtain the information I needed so I could take charge of managing my illness.
Social Connectedness	I am happy with the friendships I have.
Functioning	I do things that are more meaningful to me.
Outcomes	I deal more effectively with daily problems.
General Satisfaction	I liked the services that I received here.

The YSS-F survey includes a total of 31 items (see Appendix B), which are divided into eight domains (see Table 2). The content of the domains in the YSS-F survey (see Appendix B) has been designed for the child and adolescent mental health population. Each item on the YSS-F is answered using a Likert scale ranging from one (strongly disagree) to five (strongly agree). Items in a domain are summed and divided by the total number of items, and scores greater than 3.5 are reported in the positive range for the domain (i.e., percent satisfied)<sup>4</sup>. Surveys with domains where more than one-third of items were missing were not included in the final analysis. Lastly, the survey included two open-ended questions that asked the parent or caregiver to share 1) most helpful aspects of services and 2) recommendations to improve services.

<b>Domain</b>	<b>Sample Statement</b>
Access	The location of services was convenient for us (parking, public transportation, distance, etc.).
Participation in Treatment Planning	I helped to choose my child’s services.
Person-Centered Care Planning	In my child’s plan, I can see how my child’s strengths will be used to work on his/her goals.
Cultural Sensitivity	Staff respected my family’s religious/spiritual beliefs.
Social Connectedness	I have people that I am comfortable talking with about my child’s problems.
Functioning	My child gets along better with family members.
Outcomes	My child is better at handling daily life.
General Satisfaction	Overall, I am satisfied with the services my child received.

The SUD survey includes a total of 39 items (see Appendix C), which are divided into eight domains (see Table 3). The content of the domains in the SUD survey (see Appendix C) has been

<sup>4</sup> Note: Per national standards, the scale and scoring for adults and caregivers are reversed. That is, for adults, the scale range is 1 = Strongly Agree to 5 = Strongly Disagree and satisfaction is indicated by scores less than 2.5. For caregivers, the scale range is 1 = Strongly Disagree to 5 = Strongly Agree and satisfaction is indicated by scores greater than 3.5.

designed for clients receiving substance use services. Each item on the SUD survey is answered using a Likert scale ranging from one (strongly disagree) to five (strongly agree). Items in a domain are summed and divided by the total number of items, and scores greater than 3.5 are reported in the positive range for the domain (i.e., percent satisfied)<sup>5</sup>. Surveys with domains where more than one-third of items were missing were not included in the final analysis. Additionally, the survey included two open-ended questions that asked clients to share 1) most helpful aspects of services and 2) recommendations to improve services.

<b>Domain</b>	<b>Sample Statement</b>
Access	The location of services was convenient (parking, public transportation, distance, etc.).
Participation in Treatment Planning	I, not staff, decided my treatment goals.
Person-Centered Care Planning	In my plan, I can see how I'll use my strengths to work on my goals.
Quality and Appropriateness	Staff helped me obtain the information I needed so I could be responsible for remaining free of drugs and/or alcohol.
Social Connectedness	I am happy with the friendships I have.
Functioning	I do things that are more meaningful to me.
Outcomes	I deal more effectively with daily problems.
General Satisfaction	I like the services that I received here.

### **Sampling and Data Collection**

DBH delivered mental health services to 41,560 adult consumers in fiscal year 2022. From this general population, a random sample of 2,600<sup>6</sup> adult consumers who had at least four mental health visits within the past six months was selected to participate in the survey. These consumers were identified from the DBH claims database. Four-hundred eight (408) consumers completed the MHSIP survey and were served by 42 providers.

In fiscal year 2022, 4,860 child and adolescent consumers received mental health services. From this general population, a random sample of 2,804 consumers who had at least four mental health visits within the past six months in the District was selected to participate in the survey. Three-hundred ninety-two (392) caregivers completed the YSS-F survey and were served by 19 providers.

<sup>5</sup> Note: The scale and scoring for the SUD survey is the same as the scale and scoring for the YSS-F survey.

<sup>6</sup> Sample sizes were determined by calculating the confidence level (95%), confidence interval (5) and general consumer population (e.g., 40,000). This estimated sample size was multiplied by seven to oversample and account for expected rate of return. Thus, a random sample of 2,600 consumers were selected.



There were 5,265 adult clients receiving substance use services in fiscal year 2022. From this general population, a random sample of 1,233 clients<sup>7</sup> who had at least two claims within the past 90 days or three months was selected to participate in the survey. Two-hundred five clients completed the SUD survey and are represented fifteen providers.

The data were collected between December 2021 and September 2022. DBH's Consumer and Family Affairs Administration managed the data collection process and provided training to the surveyors. Surveyors were trained in telephone etiquette, interviewing techniques, ensuring confidentiality, adhering to survey scripts, data quality standards, as well as data entry.

Consumers, clients, and caregivers of child consumers selected as respondents had the option of completing the survey by phone with a surveyor or by mail. Surveys were also available in Spanish for Spanish-speaking respondents. All respondents provided consent to participate. Respondents did not receive any monetary incentive for participation. Of the 408 adult respondents, 385 (94.4%) completed the survey by phone and 23 consumers (5.6%) completed the survey by mail. Of the 392 caregiver respondents, 374 (95.4%) completed the survey by phone and 18 consumers (4.6%) completed the survey by mail. Of the 205 clients receiving substance use services, 202 (98.5%) completed the survey by phone and 3 (1.5%) clients completed the survey by mail.

### **Scoring and Analysis**

Quantitative data were aggregated and descriptive analyses were performed to assess respondents' satisfaction with services (by each domain) over the past three years. Domains required at least two-thirds of the items answered to be included in the analysis.

Content analysis was used to analyze respondents' comments to determine if there were major themes or trends that emerged from the open-ended questions. Pre-set categories were used to code the data (e.g., staff, services, housing, etc.) and emergent themes, if any, were then identified within each code (e.g., staff communication). Not applicable or missing responses were not analyzed. Two staff members independently coded the comments, compared results, and resolved any differences.

### **LIMITATIONS**

The findings from this report are based on self-report. Consumers, clients, and caregivers may have varied reasons for their responses (e.g., social desirability). Additionally, responses are from those who responded to the survey and does not account for those who did not respond due to dissatisfaction with services or other reasons. Further, the sample selection criteria for mental health consumers included those with at least four billable mental health rehabilitation

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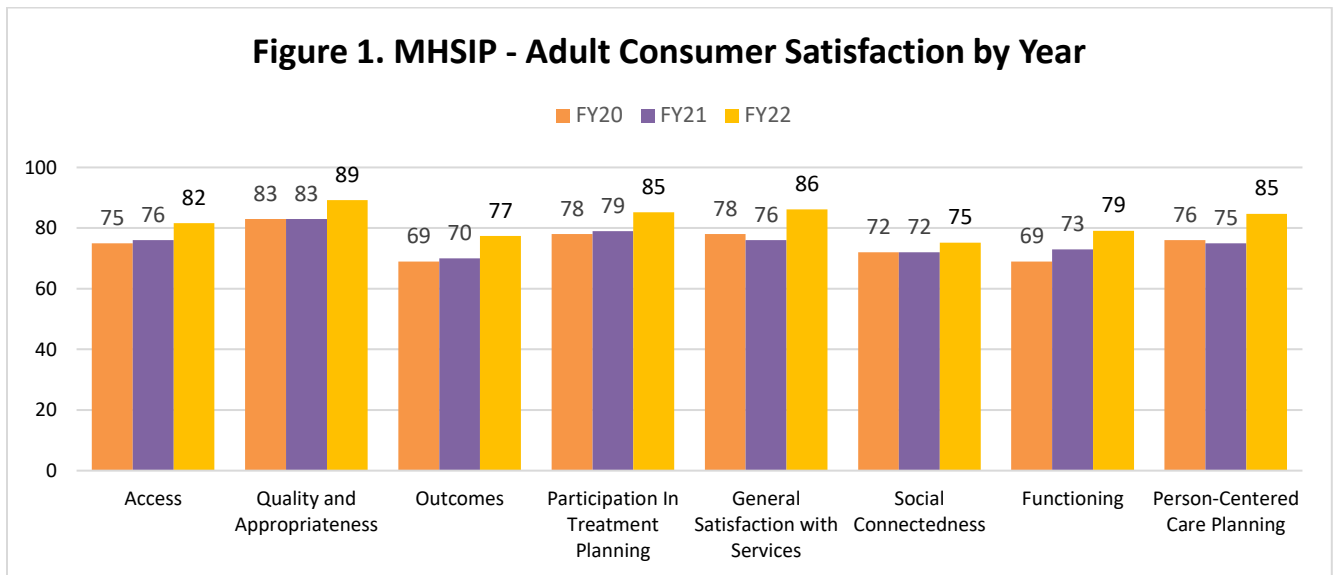
<sup>7</sup> Clients receiving outpatient, residential, and Medication-Assistance Treatment (MAT) substance use services were included in the sample, while those receiving drug testing, assessment services, nursing services, Access to Recover (ATR) services, and recovery services were excluded from the sample.

visits within the past six months. For substance use, the sample selection criteria included clients with at least two billable visits within the last three months. These consumers and clients may experience the DBH service system differently than other consumers and clients. Thus, interpretation of the findings of this report should be considered within this context. The content analysis of the open-ended comments includes only those respondents who provided a written comment on the survey or shared a comment with a surveyor by phone. Surveys that had a preponderance of missing data or were not filled out correctly were removed from the sample. Additionally, although respondents shared their level of satisfaction with functioning and outcomes, this information is not equivalent to data from an objective functional assessment or measure.

## FINDINGS

### Satisfaction Scores

Figure 1 provides a comparative analysis of satisfaction scores (percentages) over the past three years for adult consumers receiving mental health services. Overall, domain scores show a steady increase over the past three years. Focusing on the 2022 findings, adults were most satisfied with Quality and Appropriateness (89%) and General Satisfaction (86%). Adults, however, were least satisfied with Social Connectedness (75%), Outcomes<sup>8</sup> (77%), and Functioning<sup>9</sup> (79%). *Note: Most of the adult consumers were African American (94%), female (60%), and, on average, 47 years of age.*

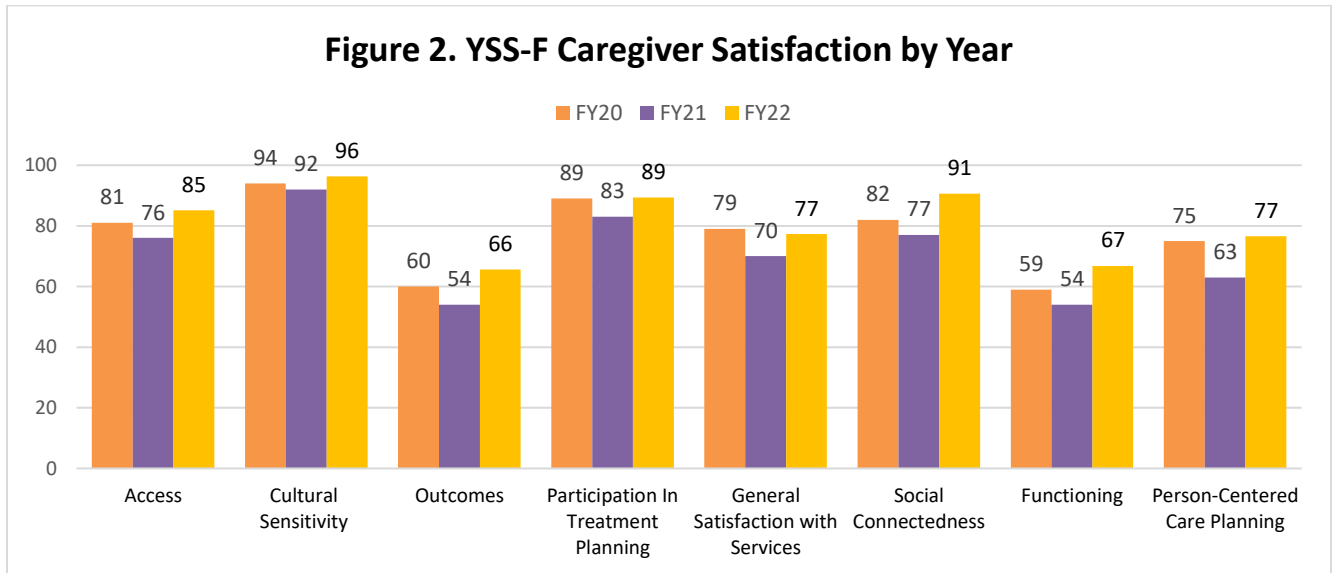


For caregivers of youth (see Figure 2), there was a notable increase in each domain score over the past two years. However, Functioning and Outcome domain scores remain persistently low.

<sup>8</sup> Outcomes are the consumers' perception of the benefits received from clinical treatment.

<sup>9</sup> Functioning is the perception of overall improvement in mental health and social well-being.

Focusing on the 2022 findings, caregivers were most satisfied with Cultural Sensitivity<sup>10</sup> (96%) and Social Connectedness (91%). Caregivers, however, were least satisfied with their child’s Outcomes<sup>11</sup> (66%), and Functioning (67%). *Note: Most of the youth of the caregivers were African American (91%), male (58%), and, on average, 12 years of age.*

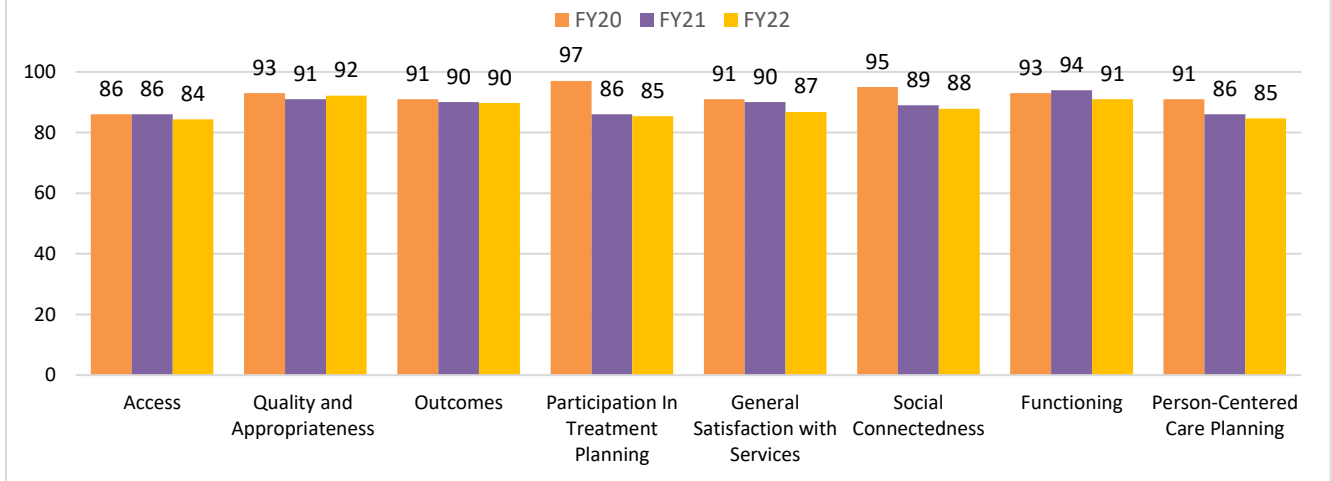


For clients receiving substance use services, (see Figure 3), the majority of the domain scores remained consistent over the past two years. Focusing on the 2022 findings, clients were most satisfied with Quality & Appropriateness (92%), Functioning (91%), and Outcomes (90%). Clients, however, were least satisfied with Access (84%), Participation in Treatment Planning (85%), and Person-Centered Care Planning (85%). *Note: Most of the clients receiving substance use services were African American (90%), male (60%), and, on average, 44 years of age.*

<sup>10</sup> Cultural Sensitivity refers to the staff being culturally sensitive to the consumer and family (e.g., respected religious/spiritual beliefs).

<sup>11</sup> Outcomes are the caregivers’ perception of the benefits received from the child’s clinical treatment, with the addition of caregivers’ perception of satisfaction with family life.

**Figure 3. SUD - Satisfaction with Substance Use Services**

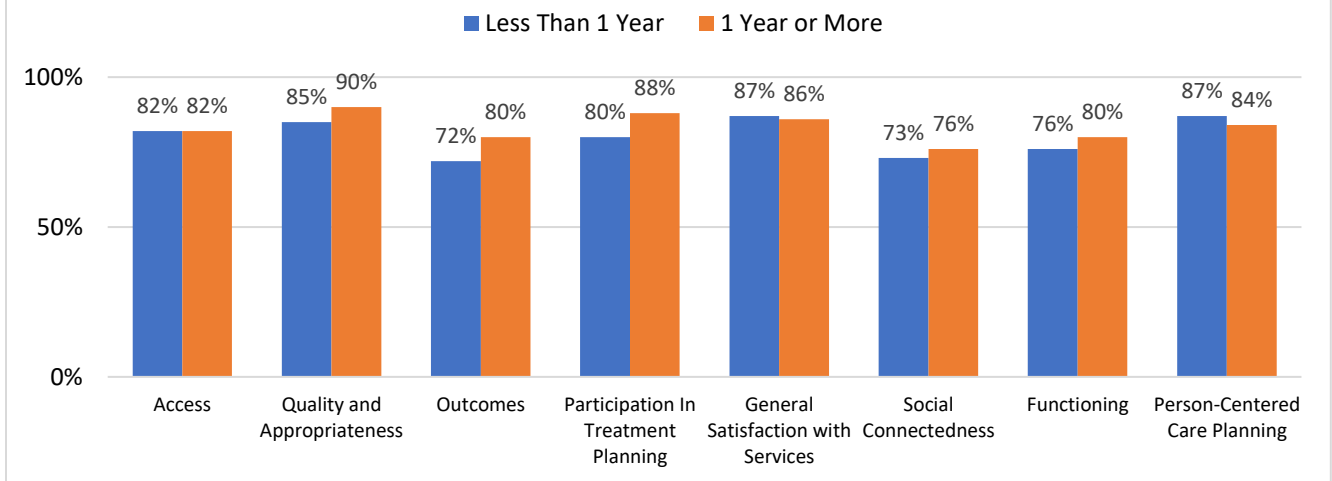


**Satisfaction Scores by Length of Service**

**ADULT CONSUMERS**

Overall, adult consumers receiving mental health services for one year or more reported slightly higher satisfaction than adult consumers receiving services for less than one year, with the exception of Access, General Satisfaction with Services, and Person-Centered Care Planning (see Figure 4). Most notable, is the much higher score in Outcomes (72% vs 80%) and Participation in Treatment Planning (80% vs 88%) for those in service for one year or more compared to those in service for less than one year. *Note: Approximately 109 consumers received services for less than one year and approximately 294 consumers received services for one year or more.*<sup>12</sup>

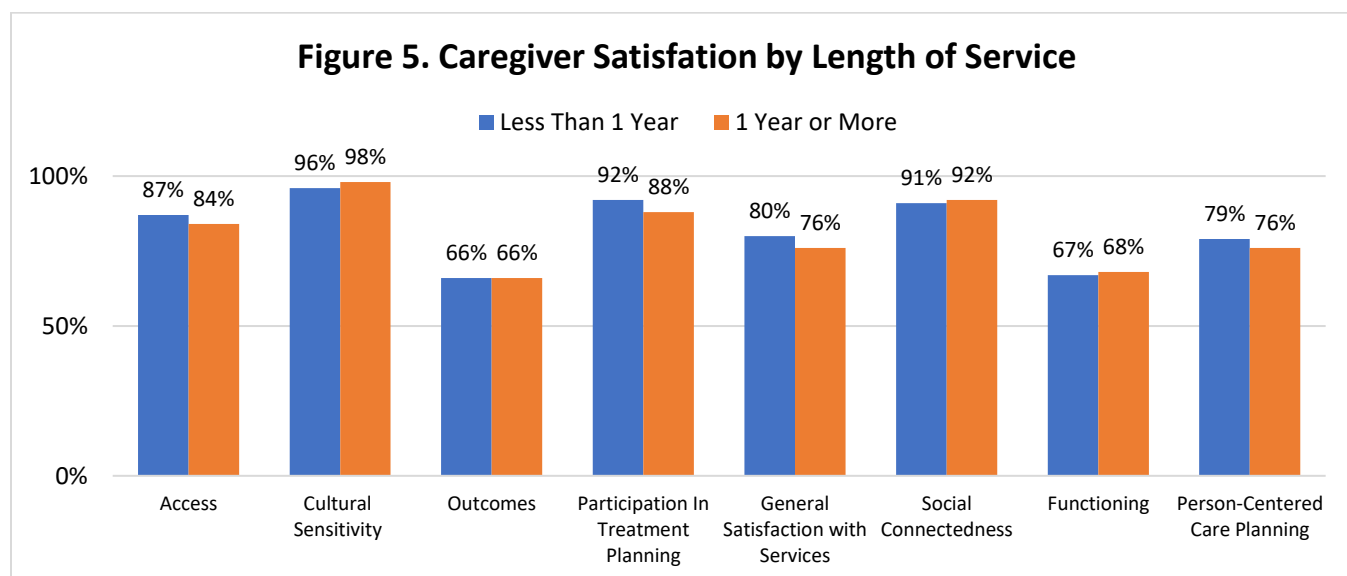
**Figure 4. ADULT Satisfaction by Length of Service**



<sup>12</sup> Sample sizes indicate approximation due to missing data per domain.

## CAREGIVERS OF YOUTH

Overall, caregivers of youth receiving mental health services for one year or more year reported similar ratings of satisfaction as caregivers of youth receiving services for less than one year (see Figure 5). As discussed previously, domain scores for Outcomes and Functioning are persistently low and show very little difference between caregivers with children receiving one year of service or more compared to those in service for less than one year. *Note: Approximately 229 child and youth consumers received services for less than one year and approximately 158 consumers received services for one year or more.*<sup>13</sup>



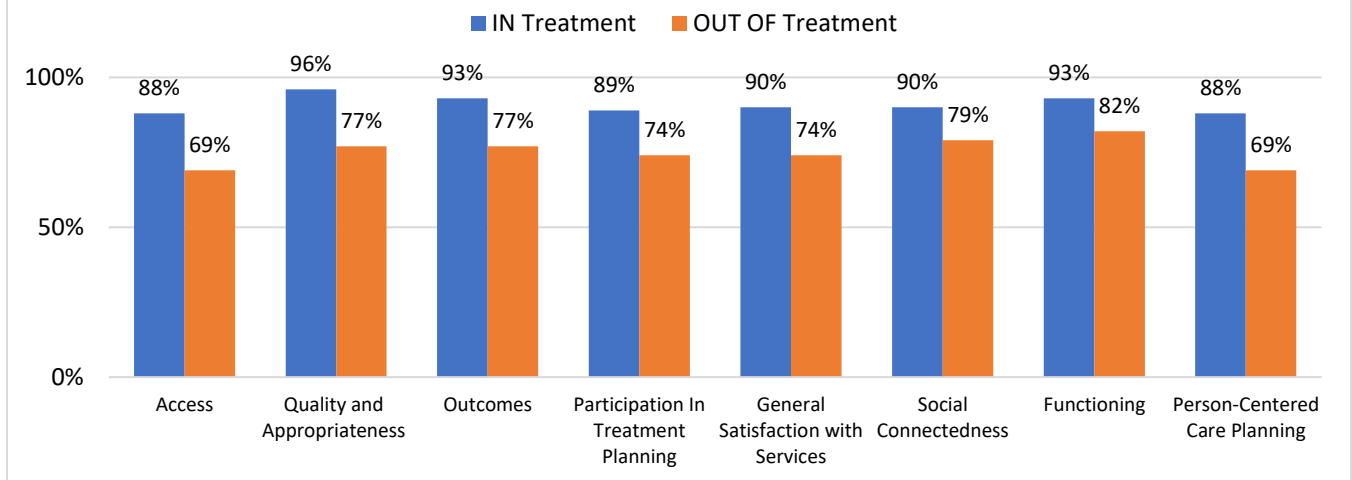
## SUD

Overall, clients currently receiving substance use services reported higher satisfaction than clients not currently receiving substance use services (see Figure 6). Most notable, is the much higher score in Access (69% vs 88%), Quality and Appropriateness (77% vs 96%), and Person-Centered Care Planning (69% vs 88%) for those currently in treatment compared to those currently out of treatment. *Note: Approximately 163 clients were currently receiving substance use services (i.e., in treatment) and approximately 39 clients were not receiving services (i.e., out of treatment).*<sup>14</sup>

<sup>13</sup> Sample sizes indicate approximation due to missing data per domain.

<sup>14</sup> Sample sizes indicate approximation due to missing data per domain.

**Figure 6. SUD Satisfaction by IN or OUT OF Treatment**



**Respondents’ Comments and Major Themes**

This section highlights major themes from adult consumers (mental health), adult clients (substance use), and caregivers of youth (mental health) about their service experience. Content analysis was used to examine the two open-ended questions to identify major themes and provide context for the satisfaction scores. The two questions asked respondents for their feedback on aspects of service that were helpful and areas for quality improvement. Using open-ended questions gives leadership and decision-makers additional information that they may not garner from multiple-choice questions. This also helps uncover trends that may be occurring within or across particular groups (e.g., adult vs. child). Not all respondents surveyed answered the open-ended questions – only a subset of adult consumers receiving mental health services, adult clients receiving substance use services, and caregivers of youth receiving mental health services. Their feedback is useful to better understand what was helpful and what could improve services. These major themes (e.g., staff support, staff consistency) provide insight into ways the system can improve practice and policy and should aid the agency’s understanding on ways to improve the District’s mental health and substance use service delivery system.

What have been some of the **most helpful** things about the services you received?

**ADULT (Mental Health) – MOST HELPFUL** Adult consumers identified the following as the most helpful aspects of services:

- **Staff Professionals** – Consumers listed their team members as being most helpful. Most consumers noted the community support worker, psychiatrist, and therapist. Some consumers identified the receptionist and other support staff as being helpful.
- **Services (Counseling, Therapy, Group) & Medication** – In addition to participating in routine therapy sessions, consumers identified specific aspects of therapy that were helpful. For example, one-on-one therapy, group sessions, breathing techniques, coping

skills, and self-esteem strategies. Also, consumers appreciated the opportunity to talk with the psychiatrist about their medication and medication management.

- **Consumer Has Someone to Talk to** – Being able to talk to others was helpful to consumers. Specifically, consumers reported that simply talking to someone and having someone check-in were helpful aspects of services (e.g., keeps me calm).

**CAREGIVERS (Mental Health) – MOST HELPFUL** Caregivers of youth identified the following as the most helpful aspects of services:

- **Staff Communication & Support/Care** – Caregivers of youth noted that staff, such as the community support worker, therapist, case manager, and the doctors have been extremely supportive. When staff return phone calls, reach-out to the family, or simply check-in to show that they care, caregivers report a helpful experience.
- **Counseling Services & Medication** – In addition to counseling and therapy sessions, caregivers noted that treatment planning and assessment services were helpful. Additionally, caregivers report that medication seems to be working well (e.g., child is able to focus).
- **Child Improvement** – Caregivers reported that their child’s mood and behavior have improved (e.g., anger). Additionally, caregivers report that their children talk more, open up about thoughts and feelings, and are more attentive in school. Further, some caregivers identified that they are now able to communicate better with their children.
- **Child Has Someone to Talk to** – It was reported as beneficial for the child to have someone to talk to, especially someone outside of the home. Caregivers reported that it gave their children an opportunity to vent, to be heard, and to be understood.

**ADULT (SUD) – MOST HELPFUL** Clients receiving substance use services identified the following as the most helpful aspects of services:

- **Staff Support/Care** – Clients acknowledged that the most helpful aspect of services was the supportive staff (e.g., caseworker and therapist). Staff were nice and showed that they were concerned and offered encouraging words.
- **Services (Counseling, Therapy, Group) & Medication Management** – Counseling sessions, such as group sessions and one-on-one sessions were noted as helpful. Group sessions, specifically, allowed clients to learn from others and discuss recovery and detox strategies. Medication Management was also noted as helpful.
- **Client Improvement** – Clients identified the following improvements – ability to practice self-control and deal with people; establish stability and a network; gain independence, and skills to remain sober.

What would **improve** the services that you received?

**ADULT (Mental Health) – IMPROVE SERVICES** Adult consumers reported the following as recommendations for improvement:

- **Staff Communication & General Professionalism** – Consumers requested return phone calls and more time to talk with staff. Additionally, consumers report that staff engagement (e.g., maintaining follow-up and follow-through) would improve services.
- **Housing** – Consumers identified the need for affordable housing, a housing liaison, more up-to-date notifications on their housing status, and resources for housing assistance.
- **Access - Need for Staff** – Consumers identified the need for additional professional staff – more therapists, community support workers, staff, doctors, and psychiatrists.
- **Services (Counseling, Therapy, Group)** – Consumers requested more group sessions, day programs, social activities, and specific services for hoarding behaviors and autism. Additionally, consumers requested other options for therapy (e.g., discussing diet and exercise, and exploring city-wide events).

**CAREGIVERS (Mental Health) – IMPROVE SERVICES** Caregivers of youth reported the following as recommendations for improvement:

- **Staff Communication & Consistency** – Caregivers requested the need for more communication from professional staff (e.g., psychiatrist and therapist). Caregivers would also like frequent feedback on expectations and child’s progress. Additionally, caregivers identified the need to address high-turnover and employ consistent staff.
- **Services (Counseling, Therapy, Group)** – Caregivers identified the need for specific treatment services – support group sessions, anger management skills training, and wrap-around services. Caregivers also requested a return to in-person treatment and a need to know and understand their child’s diagnosis.
- **Access - Need for Staff or Services** – Caregivers expressed the need to restart services or the need for specific staff (i.e., therapist, counselor, community support worker, psychiatrist). Some caregivers noted that they were waiting to be assigned and requested additional therapists on staff.

**ADULT (SUD) – IMPROVE SERVICES** Clients receiving substance use services reported the following as recommendations for improvement:

- **Access – Need for Staff or Services** – Clients reported a need for more nurses on shift, counselors, therapists, and psychiatrists. There was also a need for more group and one-on-one sessions. Further, clients requested to return to in-person treatment sessions.
- **Services (Counseling, Therapy, Group)** – Some clients requested that group sessions be shorter, while others requested daily support groups resume. Additionally, some clients expressed the need for additional information and advice (e.g., how to stop smoking).
- **Staff Communication** – Clients expressed the need for staff to provide more communication and follow-up. Additionally, clients noted feeling left-out and requested routine calls to check-in.

**Major Theme Yearly Comparison**

MOST HELPFUL - MAJOR THEME YEARLY COMPARISON		
	FY22	FY21



<b>ADULT CONSUMERS</b>	<ul style="list-style-type: none"> <li>- Staff Professionals</li> <li>- Services (Counseling, Therapy, Group) &amp; Medication</li> <li>- Consumer Has Someone to Talk to</li> </ul>	<ul style="list-style-type: none"> <li>- Staff Support/Care &amp; Communication</li> <li>- Medication Services</li> <li>- Consumer Has Someone to Talk to</li> </ul>
<b>CAREGIVERS OF YOUTH</b>	<ul style="list-style-type: none"> <li>- Staff Communication &amp; Support/Care</li> <li>- Child Improvement</li> <li>- Child Has Someone to Talk to</li> <li>- Counseling Services &amp; Medication</li> </ul>	<ul style="list-style-type: none"> <li>- Staff Communication &amp; Support/Care</li> <li>- Child Improvement</li> <li>- Child Has Someone to Talk to &amp; Support for Caregiver</li> </ul>
<b>SUD CLIENTS</b>	<ul style="list-style-type: none"> <li>- Staff Support/Care</li> <li>- Services (Counseling, Therapy, Group) &amp; Medication Management</li> <li>- Client Improvement</li> </ul>	<ul style="list-style-type: none"> <li>- Staff Support/Care</li> <li>- Services (Counseling, Therapy, Group) &amp; Someone to Talk to</li> <li>- Client Improvement</li> </ul>

<b>IMPROVEMENT RECOMMENDATIONS - MAJOR THEME YEARLY COMPARISON</b>		
	<b>FY22</b>	<b>FY21</b>
<b>ADULT CONSUMERS</b>	<ul style="list-style-type: none"> <li>- Staff Communication &amp; General Professionalism</li> <li>- Housing</li> <li>- Access - Need for Staff</li> <li>- Services (Counseling, Therapy, Group)</li> </ul>	<ul style="list-style-type: none"> <li>- Staff Communication &amp; Consistency</li> <li>- Housing</li> <li>- Access - Need for Staff</li> <li>- Services (Counseling, Therapy, Group)</li> </ul>
<b>CAREGIVERS OF YOUTH</b>	<ul style="list-style-type: none"> <li>- Staff Communication &amp; Consistency</li> <li>- Services (Counseling, Therapy, Group)</li> <li>- Access - Need for Staff or Services</li> </ul>	<ul style="list-style-type: none"> <li>- Staff Communication &amp; Consistency</li> <li>- Services (Counseling, Therapy, Group)</li> <li>- Access - Need for Staff</li> <li>- Staff Available &amp; Accessible</li> </ul>
<b>SUD CLIENTS</b>	<ul style="list-style-type: none"> <li>- Access – Need for Staff or Services</li> <li>- Services (Counseling, Therapy, Group)</li> <li>- Staff Communication</li> </ul>	<ul style="list-style-type: none"> <li>- Access - Appointment Times, Location, Parking, Transportation</li> <li>- Services (Counseling, Therapy, Group) &amp; Facilities</li> </ul>

		<ul style="list-style-type: none"><li>- Staff Communication &amp; Consistency</li><li>- Housing</li></ul>
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## SUMMARY

This report highlights the findings from the MHSIP, YSS-F, and SUD satisfaction surveys. The data provide valuable information on consumer, client, and caregiver experience with the mental health and substance use service system. Because these experiences are based on a select sample of consumers and clients, at one point in time, it is important to assess satisfaction and agency performance via multiple methods. For example, including these data in combination with the key agency performance indicators can help create a performance profile of the DBH system at-large. Over time, this performance profile can help DBH better understand how consumers and clients experience the service system and guide DBH on the best ways to move forward in improving service delivery throughout the public behavioral health system. Further, assessing satisfaction at the provider level may offer a different picture of consumer and client satisfaction, and thus establishing a system to continuously collect and monitor these data at the agency-level is also critical (e.g., continuous quality improvement system). The District values feedback and will continue to assess satisfaction within the mental health and substance use service system. It is imperative to incorporate stakeholders' feedback into system-wide efforts to inform the growth of a strong, efficient, and effective service delivery system.

## APPENDIX A. MHSIP SURVEY ITEMS

<b>MHSIP Survey Items by Domain (ADULTS 18 or older)</b>	
Access	<ol style="list-style-type: none"><li>1. The location of services was convenient (parking, public transportation, distance, etc.).</li><li>2. Staff were willing to see me as often as I felt it was necessary.</li><li>3. Staff returned my calls within 24 hours.</li><li>4. Services were available at times that were good for me.</li><li>5. I was able to get all the services I thought I needed.</li><li>6. I was able to see a psychiatrist when I wanted to.</li></ol>
Participation in Treatment Planning	<ol style="list-style-type: none"><li>1. I felt comfortable asking questions about my treatment and medication.</li><li>2. I, not staff, decided my treatment goals.</li></ol>
Quality and Appropriateness	<ol style="list-style-type: none"><li>1. Staff here believe that I can grow, change, and recover.</li><li>2. I felt free to complain.</li><li>3. I was given information about my rights.</li><li>4. Staff encouraged me to take responsibility for how I live my life.</li><li>5. Staff respected my wishes about who is and who is not to be given information about my treatment.</li><li>6. Staff were sensitive to my cultural background (race, religion, language, etc.).</li><li>7. Staff helped me obtain the information I needed so I could take charge of managing my illness.</li><li>8. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).</li><li>9. Staff told me what side effects to watch out for.</li></ol>
Social Connectedness	<ol style="list-style-type: none"><li>1. I am happy with the friendships I have.</li><li>2. I have people with whom I can do enjoyable things.</li><li>3. I feel I belong in my community.</li></ol>

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|                               | <ol style="list-style-type: none"><li>4. In a crisis, I would have the support I need from family or friends.</li></ol>   |
| Functioning                   | <ol style="list-style-type: none"><li>1. I do things that are more meaningful to me.</li><li>2. I am better able to take care of my needs.</li><li>3. I am better able to handle things when they go wrong.</li><li>4. I am better able to do things that I want to do.</li><li>5. My symptoms are not bothering me as much.</li></ol>  |
| Outcomes                      | <ol style="list-style-type: none"><li>1. I deal more effectively with daily problems.</li><li>2. I am better able to control my life.</li><li>3. I am better able to deal with crisis.</li><li>4. I am getting along better with my family.</li><li>5. I do better in social situations.</li><li>6. I do better in school and/or work.</li><li>7. My symptoms are not bothering me as much (repeat).</li><li>8. My housing situation has improved.</li></ol>                                |
| General Satisfaction          | <ol style="list-style-type: none"><li>1. I like the services that I received here.</li><li>2. If I had other choices, I would still get services at this agency.</li><li>3. I would recommend this agency to a friend or family member.</li></ol>   |
| Person-Centered Care Planning | <ol style="list-style-type: none"><li>1. In my plan, I can see how I'll use my strengths to work on my goals.</li><li>2. I feel like staff support me in working on things like getting a job and managing my money, even if I still have other issues.</li><li>3. It is clear to me in my plan how certain interventions/treatments will help me achieve my goals.</li><li>4. I have a chance to review and make changes to my plan.</li><li>5. I get a copy of my plan to keep.</li></ol> |

## APPENDIX B. YSS-F SURVEY ITEMS

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<b>YSS-F Survey Items by Domain (CAREGIVERS OF YOUTH 17 or Younger)</b>	
Access	<ol style="list-style-type: none"><li>1. The location of services was convenient for us (parking, public transportation, distance, etc.).</li><li>2. Services were available at times that were convenient for us.</li></ol>
Participation in Treatment Planning	<ol style="list-style-type: none"><li>1. I helped to choose my child's services.</li><li>2. I helped to choose my child's treatment goals.</li><li>3. I participated in my child's treatment.</li></ol>
Cultural Sensitivity	<ol style="list-style-type: none"><li>1. Staff treated me with respect.</li><li>2. Staff respected my family's religious/spiritual beliefs.</li><li>3. Staff spoke with me in a way that I understood.</li><li>4. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.).</li></ol>
Social Connectedness	<ol style="list-style-type: none"><li>1. I know people who will listen and understand me when I need to talk.</li><li>2. I have people that I am comfortable talking with about my child's problems.</li><li>3. In a crisis, I would have the support I need from family or friends.</li><li>4. I have people with whom I can do enjoyable things.</li></ol>
Functioning	<ol style="list-style-type: none"><li>1. My child is better able to do things he or she wants to do.</li><li>2. My child is better at handling daily life.</li><li>3. My child gets along better with family members.</li><li>4. My child gets along better with friends and other people.</li></ol>

5. My child is doing better in school and/or work.
6. My child is better able to cope when things go wrong.

Outcomes

Includes all of the items for functioning. However, "My child is better able to do things he or she wants to do" is replaced with "I am satisfied with our family life right now."

General Satisfaction

1. Overall, I am satisfied with the services my child received.
2. The people helping my child stuck with us no matter what.
3. I felt my child had someone to talk to when he/she was troubled.
4. The services my child and/or family received were right for us.
5. My family got the help we wanted for my child.
6. My family got as much help as we needed for my child.

Person-Centered Care Planning

1. In my child's plan, I can see how my child's strengths will be used to work on his/her goals.
  2. I feel like staff support my child in working on things like school-related issues (e.g., classwork, homework, tutoring, IEP/504 planning)
  3. It is clear to me in my child's plan how certain interventions/treatments will help my child achieve his/her goals.
  4. I have a chance to review and make changes to my child's plan.
  5. I get a copy of my child's plan to keep.
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## APPENDIX C. SUD SURVEY ITEMS

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<b>SUD Survey Items by Domain (ADULTS 18 or older)</b>	
Access	<ol style="list-style-type: none"><li>1. The location of services was convenient (parking, public transportation, distance, etc.).</li><li>2. Staff were willing to see me as often as I felt it was necessary.</li><li>3. Staff returned my calls within 24 hours.</li><li>4. Services were available at times that were good for me.</li><li>5. I was able to get all the services I thought I needed.</li></ol>
Participation in Treatment Planning	<ol style="list-style-type: none"><li>1. I felt comfortable asking questions about my treatment.</li><li>2. I, not staff, decided my treatment goals.</li></ol>
Quality and Appropriateness	<ol style="list-style-type: none"><li>1. Staff believe that I can grow, change, and recover.</li><li>2. I felt free to complain.</li><li>3. I was given information about my client rights.</li><li>4. Staff encouraged me to take responsibility for how I live my life.</li><li>5. Staff respected my wishes about who is and who is not to be given information about my treatment.</li><li>6. Staff were sensitive to my cultural background (race, religion, language, etc.).</li><li>7. Staff helped me obtain the information I needed so I could be responsible for remaining free of drugs and/or alcohol.</li><li>8. I was encouraged to use consumer-run programs (self-help support groups, Alcohol Anonymous – AA, Narcotics Anonymous – NA).</li></ol>

Social Connectedness

1. I am happy with the friendships I have.
2. I have people with whom I can do enjoyable things.
3. I feel I belong in my community.
4. In a crisis, I would have the support I need from family, friends or my network.

Functioning

1. I do things that are more meaningful to me.
2. I am better able to take care of my needs.
3. I am better able to handle things when they go wrong.
4. I am better able to do things that I want to do.
5. I am less likely to use drugs and/or alcohol (repeat).

Outcomes

1. I deal more effectively with daily problems.
2. I am better able to manage my life.
3. I am better able to deal with crisis.
4. I am getting along better with my family.
5. I do better in social situations.
6. I do better in school and/or work.
7. My housing situation has improved.
8. I am less likely to use drugs and/or alcohol (repeat).

General Satisfaction

1. I like the services that I received here.
2. If I had other choices, I would still get services from this provider.
3. I would recommend this provider to a friend or family member.

Person-Centered Care Planning

1. In my plan, I can see how I'll use my strengths to work on my goals.
  2. I feel like staff support me in working on things like getting a job and
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managing my money, even if I still have other issues.

3. It is clear to me in my plan how certain interventions/treatments will help me achieve my goals.
  4. I have a chance to review and make changes to my plan.
  5. I get a copy of my plan to keep.
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